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AUTHOR Sheridan, Susan M.
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ABSTRACT

Conjoint behavioral consultation (CBC) is a structured, indirect form of service-delivery in which parents, teachers, and other support staff work together to address the academic, social, or behavioral needs of an individual for whom all parties bear some responsibility. As such, CBC exemplifies a model of partnerships for children wherein school psychologists can be proactive in working with parents, teachers, and other professionals to promote positive outcomes. The purpose of this paper is to present preliminary data from two federally funded grants in the area of CBC. Graduate students were trained in CBC and were responsible for providing consultation services to parents and teachers of students with disabilities who were being served in the mainstream environment. Thus, the utility of CBC as a support mechanism by which school psychologists could assist teachers and parents in the education of students with disabilities in the regular classroom was addressed. Consultation clients included 22 students with disabilities such as intellectual handicaps, behavior disorders, attention deficit hyperactivity disorder, and learning disabilities. Direct observations of student (client) performance served as primary outcome measures, with effect sizes and Goal Attainment Scaling methods used to evaluate efficacy. Social validity, consumer satisfaction, and treatment and process acceptability were also assessed. Contains 19 references and 7 figures. (Author)

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Efficacy of Conjoint Behavioral Consultation
as a Vehicle for Inclusion

Susan M. Sheridan

Denise L. Colton

Kevin Fenstermacher

Kim Lasecki

Kristin Wilson

University of Utah

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Abstract

Conjoint behavioral consultation (CBC) is a structured, indirect form of service-delivery, in which parents, teachers, and other support staff are joined to work together to address the academic, social, or behavioral needs of an individual for whom all parties bear some responsibility. As such, CBC exemplifies a model of partnerships for children wherein school psychologists can be proactive in working with parents, teachers, and other professionals to promote positive outcomes. The purpose of this paper is to present preliminary data from two federally funded grants in the area of CBC. Graduate students were trained in CBC and responsible for providing consultation services to parents and teachers of students with disabilities who were being served in the mainstream environment. Thus, the utility of CBC as a support mechanism by which school psychologists could assist teachers and parents in the education of students with disabilities in the regular classroom was addressed. Consultation clients included 22 students with disabilities such as intellectual handicaps, behavior disorders, attention deficit hyperactivity disorder, and learning disabilities. Direct observations of student (client) performance served as primary outcome measures, with effect sizes and Goal Attainment Scaling methods used to evaluate efficacy. Social validity, consumer satisfaction, and treatment and process acceptability were also assessed.

**Efficacy of Conjoint Behavioral Consultation
as a Vehicle for Inclusion**

Conjoint behavioral consultation (CBC) is a structured, indirect form of service-delivery, in which parents, teachers, and other support staff are joined to work together to address the academic, social, or behavioral needs of an individual for whom all parties bear some responsibility (Sheridan & Kratochwill, 1992; Sheridan, Kratochwill, & Bergan, 1996). It is designed to engage significant consultees from various systems in a collaborative problem-solving process. In this model, the interconnections between systems are considered central in the development and implementation of effective programs for students. As such, CBC exemplifies a model of partnerships for children wherein school psychologists can be proactive in working with parents, teachers, and other professionals to promote positive outcomes. A structural model of CBC is presented in Figure 1.

Insert Figure 1 about here

There are many goals and anticipated benefits of CBC. First, it is believed that by involving both parents and teachers (and other support staff as appropriate), problems can be addressed across, rather than simply within, systems. Second, it is hoped that CBC can promote joint and shared responsibility for problem solution (i.e., across both home and school). Third, it is expected that conjoint problem solving meetings may improve the communication and interactions between the child, family, and school personnel. Fourth, a comprehensive and functional assessment of identified problems, including the delineation of

setting events, can be obtained more readily when individuals across problem settings are involved in assessment and intervention. Finally, intervention consistency among change agents may enhance transfer and maintenance of desired treatment effects across settings, and minimize undesirable side effects.

The effectiveness of CBC has received empirical scrutiny through various studies, and research to date indicates that CBC is effective for a number of behavioral, academic, and affective difficulties of students (see Sheridan et al., 1996 for a review of CBC research). Likewise, school psychologists endorse the practice readily (Sheridan & Steck, 1995). However, very little research has investigated the efficacy of CBC procedures and related interventions in addressing the unique needs of students with disabilities who are receiving services in regular education classrooms (see Colton & Sheridan, in submission, for an exception).

The purpose of this paper is to present preliminary data from two federally funded grants in the area of CBC. Summary data from 22 completed cases will be presented, including preliminary case data, effect sizes, social validity data, information concerning consumer satisfaction, acceptability of CBC, and acceptability of intervention programs.

Methods

Subjects

Participants in this analysis include child subjects and their parents and teachers. Consultee demographic information was collected on a self-report form administered at the beginning of each consultation case. Complete data are unavailable for all consultees (i.e., some failed to return demographic forms, and some provided incomplete forms). Data

presented here are based on items for which consultee demographic information was provided (n=19 to 21). Although data are available on consultants, their participation as subjects in this study is beyond the scope of this paper.

Child participants. Consultation clients included 22 students with disabilities such as intellectual handicaps, behavior disorders, attention deficit hyperactivity disorder, and learning disabilities. In addition, several students who were considered "at risk" for academic failure were involved. Seventy-one percent of child subjects were male, and 29% were female. Subjects' grade levels ranged from kindergarten to grade 9, with a mean grade of 4.76 and a modal grade level of 9. The mean age of clients was 10.24.

Parents. Parents of child subjects also served as consultee participants in this study. Seventy percent of the parent consultees were mothers, and 30% were fathers. In most cases where fathers were involved as consultees, mothers were also involved. The average age of parent participant was 38. Eighty-four percent of parents were Caucasian, 16% were nonwhite. Ninety-five percent of families spoke English as a primary language in the home. The majority of mothers completed some college but did not receive a college degree (40%), 30% had graduated from high school, and 20% did not graduate from high school. Seventy-five percent of parents were married, 15% were divorced, and 10% were single. Twenty-two percent of the families were considered to be of low socioeconomic status (less than \$15,000 annually). Thirty-nine percent had an annual income between \$15,000 and \$45,000, and an additional 39% of families had an annual income greater than \$45,000.

Information regarding the degree to which families may be considered "at risk" due to demographic variables was analyzed. Specifically, information on family ethnicity, language

spoken in the home, the educational level of the mother, sociometric status (SES), and marital status was collected. Risk status for each of the aforementioned variables was defined as follows: non-Caucasian, non-English speaking, less than high school education, SES lower than \$15,000, and non-married. A total "risk factor" was assigned to each family based on the number of risk factors they experienced. Nineteen percent of families were considered high risk (i.e., they experienced three or more risk factors). Fifty-nine percent of families experienced no risk factors, and 23% had one risk factor.

Teachers. Teachers were also involved as participants in this study. Eighty-three percent were female, with the vast majority (94%) being Caucasian (note that this is generally representative of the population in the state of Utah). Sixty-eight percent had a bachelor's as their highest degree, and 32% held a Master's degree. The average number of years of experience was 10.94. The mean age was 42.

Setting

Consultation cases were conducted across four school districts in a large western city and its suburbs. All consultation interviews were held in teacher's classrooms. Some family meetings were conducted in subjects' homes or nearby community settings. Interventions were conducted in subjects' homes and schools.

Dependent Measures

Cases were evaluated on a number of dimensions, including the assessment of treatment outcomes, treatment acceptability, process acceptability, consumer satisfaction, and social validity.

Treatment outcomes. Direct observations of student (client) performance served as

primary outcome measures. Specific target behaviors were identified for each student with disabilities, and direct behavioral measures were collected continuously throughout all experimental phases (i.e., baseline, treatment, follow up). When possible, observational data were collected by blind, independent observers approximately twice per week. Likewise, parents and teachers collected data on a daily basis. Data collected by the independent observers are being analyzed currently, and will not be reported herein.

For summary purposes, effect sizes (based on data collected by teachers and parents) are presented. Effect sizes were computed using a "no assumptions" approach (Bask & Sirloin, 1992) that computes effects without assumptions regarding population distributions or homogeneity of variance. In this approach, the differences in phase means within a given case is divided by the standard deviation of the baseline, which produces a quantitative index of treatment effects. Overall effect sizes for home- and school-based targets, behavioral and academic targets, and internalizing and externalizing targets were computed. Effect sizes of +1 or more indicate that the effect size is similar to one standard deviation above the expected baseline mean. However, because effect sizes are calculated based on the baseline standard deviation, behaviors that experienced a great degree of baseline variability (e.g., homework completion) are negatively effected.

Along with direct behavioral data, supplementary outcome data were collected for each case. Specifically, treatment and process acceptability, consumer satisfaction, and social validity were assessed. Consultees' acceptability of the behavioral interventions and of the CBC procedures were assessed via the Behavioral Interventions Rating Scale (BIRS; Elliott & Von Brock Treuting, 1991). Consumer satisfaction data were collected on the Consultant

Evaluation Form (CEF; Erchul, 1987). Social validity data were collected via subjective evaluations (i.e., ratings on the Effectiveness factor of the BIRS), goal attainment scaling (GAS) procedures, and in some cases, social comparisons (Kazdin, 1977).

Procedures

The primary objective of the grants was preservice training of 10 school psychology graduate students in CBC procedures and practices. Detailed information regarding the competency-based training model is beyond the scope of this paper. Interested readers are referred to Kratochwill, Elliott, and Busse (1996), Kratochwill, Sheridan, Carrington Rotto, and Salmon (1992), and Sheridan (1992) for demonstrations of similar models, and to Sheridan, Colton, Battistone, Fenstermacher, Godfrey, Hales, and Russman (1996) for details specific to the CBC training project. Following their mastery of CBC skills, graduate students were placed in elementary and middle schools in a large western city. In their placements they were responsible for providing consultation services to parents and teachers of students with disabilities who were being served in the mainstream environment under an inclusion pattern of service.

Consultation cases followed a four-stage problem solving model, including problem identification, problem analysis, plan implementation, and plan evaluation (Bergan & Kratochwill, 1990; Kratochwill & Bergan, 1990). The stages were initiated via structured interview procedures using formats available in the published literature (Sheridan et al., 1996). All cases were audiotaped for supervision and data analysis purposes (these data are beyond the scope of this paper).

Referrals for consultation were initiated in various ways. In some cases, consultants

met with school-based teams or certified school psychologists who identified appropriate cases (i.e., students who were classified under special education law and were receiving some instruction in the mainstream educational setting, those who did not meet criteria for an educational classification but still required classroom or curricular modifications [e.g., children diagnosed with ADHD], or those who were "at risk" for failing in the regular classroom). In other cases, referrals were initiated by parents who were familiar with the CBC project. Upon referral, consultants scheduled meetings (i.e., preconsultation meetings or Problem Identification Interviews), obtained written consent from parents and teachers, and proceeded.

Targets selected for consultation, assessment, and intervention were identified collaboratively by parents, teachers, and consultants. Consistent with CBC procedures, consultees provided information on the nature of problems that were of primary concern, and consultants worked with them to operationally define target behaviors during Problem Identification Interviews. Baseline data collection procedures were also discussed during this consultation interview. A summary of target behaviors is presented in Figure 2.

Insert Figure 2 about here

During the Problem Analysis Interviews, consultants and consultees analyzed the baseline data, attempted to identify conditions surrounding their occurrence, and developed a behavioral intervention. A review of intervention procedures used across cases is depicted in Figure 3. Interventions were implemented across settings during the treatment implementation

stage. Although no formal interview occurred at this time, consultants maintained contacts with consultee via classroom visits and telephone calls. Finally, Treatment Evaluation Interviews were conducted at the end of each case to discuss progress toward consultation goals, required modifications to treatment plans, and the need for future consultation. In all cases, at least two TEIs were conducted to allow for plan revision and re-evaluation.

Insert Figure 3 about here

Data Analysis

Various small-N designs were used to evaluate the effects of the CBC procedures, including multiple baseline designs and replicated AB designs with follow up. Efficacy of CBC services was evaluated in a case-specific manner using designs such as multiple baseline across settings, reversal designs, and controlled case studies (Kratochwill, 1985). The presentation of individual subject data is beyond the scope of this paper. Rather, effect sizes are presented. Data regarding acceptability, social validity, and consumer satisfaction are evaluated descriptively.

Results

Case Outcomes

Data regarding client characteristics and case outcomes (i.e., effect size) are presented in Table 1. Across all problems, effect sizes ranged from -.62 to 6.31, with an average effect size of 1.12. Average effect sizes by setting and nature of problem are in Figure 4, and ranged from .75 to 1.82. The largest average effect size was yielded for cases where the

target behaviors concerned social or behavioral targets (e.g., aggression, peer interactions) and smallest for cases with academic targets (e.g., work completion and accuracy). Home-based targets yielded an average effect size of 1.42. School-based targets yielded an average effect size of 1.19. For cases wherein behavioral excesses were identified (e.g., tantrums), an average effect size of 1.58 was yielded. An average effect size of 1.18 was yielded for cases wherein behavioral deficits (e.g., social skills) were targeted.

Insert Table 1 and Figure 4 about here

Process and Treatment Acceptability

The acceptability of consultation services and the behavioral interventions used across cases was assessed via the Behavioral Intervention Rating Scale (BIRS) (Von Brock & Elliott, 1987). The BIRS is comprised of 24 items scored on a 6 point Likert scale (1 = not at all acceptable; 6 = highly acceptable). Factor analysis of the BIRS yielded three factors: Acceptability (15 items), Effectiveness (7 items), and Time to Effect (2 items) (Elliott & Von Brock Treuting, 1991). Average parent and teacher data for all factors and for both consultation and interventions are in Figure 5. Total scores on the BIRS yielded scores suggestive of very high levels of acceptability. Specifically, teachers gave CBC and behavioral interventions average scores of 5.17 and 5.16, respectively. Parents gave CBC and concomitant treatments average ratings of 5.28 and 5.07, respectively.

For purposes of assessing acceptability, the first factor is particularly relevant. Average scores of both parents and teachers suggested very high levels of acceptability of both

CBC and respective interventions on this factor (range of scores on the Acceptability factor was 5.4 to 5.6).

Insert Figure 5 about here

Social Validity

Goal Attainment Scaling procedures provided a means of assessing parents' and teachers' perceptions of case outcomes. The scale asked parents and teachers to report the degree to which the consultation goal was met, with possible responses ranging from -2 (goal not at all met) to +2 (goal fully met). Figures 6 and 7 depict the averages of parent and teacher responses. Note that no parent or teacher reported that the target behavior became worse as a function of consultation. Teachers and parents respectively reported that for 57% and 25% of the cases, the consultation goal was fully met. The goal was partially met according to 36% and 67% of teachers and parents, respectively. Seven percent and 8% of teachers and parents reported no progress, respectively.

Insert Figures 6 and 7 about here

Parents' and teachers' subjective ratings on the Effectiveness factor of the BIRS constituted the second form of social validity assessment. Average scores for parents and teachers are in Figure 5. Parents rated the effectiveness of both CBC and the treatment programs higher than did teachers, however all reported moderate to high levels of

effectiveness.

Consumer Satisfaction

The Consultant Effectiveness Form (CEE; Erchul, 1987) was used to assess consultees satisfaction with the consultant and consultation services. This instrument is comprised of 15 items scored on a Likert scale ranging from 1-7 (1 = strongly disagree; 7 = strongly agree). Both parents and teachers reported high levels of satisfaction with consultation and the consultation experience. Specifically, parent responses yielded a mean of 6.5, and teacher responses averaged 6.7. The highest rated items across consultees was "The consultant was a good listener" and "The consultant was generally helpful" (M=6.6). The lowest item was "The consultant encouraged me to consider a number of points of view" (M=5.73).

Discussion

The preliminary analyses presented here suggest that CBC is an effective model of service delivery across home and school, social and academic, and externalizing and internalizing targets. Furthermore, consultees' perceptions of CBC are consistently positive as evidenced by social validity, acceptability, and satisfaction assessment results. This research corroborates previous research that provided support for CBC with socially withdrawn subjects (Sheridan, Kratochwill, & Elliott, 1990), academically underachieving primary grade students (Galloway & Sheridan, 1992), and social skills deficits (Colton & Sheridan, in submission). However, some caution must be exercised when drawing conclusions from these findings.

First, it is important to recognize that the findings presented herein represent only preliminary analyses from a large data base. Refined analyses are currently being conducted

to better understand the results of this research. For example, data from independent observers must be analyzed visually and entered into meta-analyses to interpret behavioral results more objectively. Furthermore, these data are from only one year of multi-year federal grants. Data to be collected from subsequent years may validate or invalidate the initial findings; global conclusions are therefore premature at this time.

Second, the integrity of consultation procedures and behavioral interventions are central to our understanding of treatment efficacy. Data on process (CBC) integrity are available, and are being analyzed currently. However, data on the integrity with which treatments were implemented by consultees are available for less than 50% of cases. Without data on integrity issues, conclusions regarding functional control of the procedures are premature.

Beyond these and other qualifications of the present findings, several research directions are highlighted by the current research. First, the emergence of prediction models that suggest participant variables (consultant, consultee, client) that enhance or detract from CBC outcomes may be useful. For example, certain consultee and consultant characteristics may enhance or detract from the CBC procedures, and are worthy of investigation. For example, several parents (and some teachers) found it difficult to collect behavioral and treatment integrity data regularly, detracting from the available results. The role of differential family characteristics (e.g., risk factors) and teacher variables (e.g., stress level, theoretical orientation), and the possibility of their effects on CBC efficacy is in need of investigation.

Recent research convincingly demonstrates the importance of family process variables

as being more important than family structural variables in predicting parental involvement and academic achievement (Christenson, 1995). Therefore, methods to address familial factors such as enhancing communication and structure within home environments in the context of CBC may suggest a fruitful line of research.

Certain consultant variables and their role in CBC outcomes may also be important to delineate. For example, some consultants were more directive and assertive in their interviews than others. The effect of consultant style on case outcomes in CBC is of interest, particularly as it relates to "collaborative" versus "expert" models of service. These issues may be related to issues of consultee treatment integrity, acceptability of CBC and of behavioral interventions, and compliance with tasks indirectly related to consultation (e.g., completing forms, collecting baseline data), and are in need of empirical attention.

Finally, although satisfaction with and acceptability of consultation were generally positive, the time and effort expended in each case seemed unwieldy to some consultants and consultees. The efficiency of the procedures is in need of attention, particularly in relation to other procedures that may not be as "costly" to consultants or consultees. For example, a very common statement provided by consultants was the perceived overlap between Problem Identification and Problem Analysis Interviews, especially in questions concerning conditional analyses. The relationship between the verbal statements of each of the interviews and their contribution to case outcomes is in need of investigation. Methods of streamlining the interview procedures while still ensuring positive case outcomes may be identified.

Finally, integrity of intervention procedures is a critical area in need of careful attention. As already indicated, many consultees failed to collect data consistently, and the

degree to which interventions were implemented with integrity is unclear. Procedures for increasing compliance with tasks central to treatment outcomes must be investigated.

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Case	Grade	Gender	Target Behavior	Family Risk Level	Classification At-Risk Status	Intervention	Effect Size	GAS
							$h =$ $s =$	$p =$ $t =$
1	4	F	non-compliance	0	At-Risk	Homenote	NA	4
2	2	M	tantruming	0	BD	Time-out	0.7	4
3	2	M	off-task	0	At-Risk	Self-monitor	NA	NA
4	5	F	work completion	0	LD	Token Economy	NA	4
5	1	M	non-compliance	1	LD	Prompts and Praise	NA	3
6	5	M	work completion	1	ID	Homenote	NA	NA
7	3	F	stealing	0	LD/ADHD	Token Economy	NA	5
8	K	M	work completion	1	At-Risk	Homenote	1.40	4
9	1	M	aggression	4	At-Risk	Time-out	6.31	4
10	1	M	non-compliance	3	At-Risk	Token Economy	NA	4
11	3	M	aggression	0	ADHD	Social Skills Training	NA	5
12	8	F	peer interaction	3	ID	Homenote	1.70	NA
13	9	M	blurting out	0	ADHD	Self-monitoring	1.07	4
14	3	M	encopresis	0	LD	Full Cleanliness Training	1.26	5
15	9	M	work completion	1	LD	Homenote	1.46	NA
16	9	F	work completion/	0	At-Risk	Self-monitoring	NA	NA
17	9	M	work accuracy	0	At-Risk/ADD	Self-monitoring	NA	5
18	8	F	work completion/	3	At-Risk	Self-monitoring	0.36/1.12	5
19	8	F	work accuracy	0	At-Risk	Self-monitoring	NA	5
20	9	M	work completion/	0	At-Risk	Self-monitoring	0.99/1.87	5
21	3	M	work accuracy	1	LD	Parent Tutoring	NA	NA
22	4	M	off-task	0	BD	Verbal Prompt	0.20/0.72	NA
							-0.62/0.41	NA
							NA	NA
							NA	NA
							NA	5
							NA	NA
							0.67	NA

Note: Family Risk Level was determined based on the number of risk variables experienced by subjects' families. Coded risk factors included ethnicity, SES, maternal education level, language spoken in the home, and marital status. Effect sizes coded as NA were not calculable due to insufficient baseline or data collection techniques.

Figure Captions

Figure 1. Structural model of Conjoint Behavioral Consultation (Sheridan et al., 1996).

Figure 2. Percent of cases addressing various target behaviors across home and school settings.

Figure 3. Percent of cases using various intervention techniques.

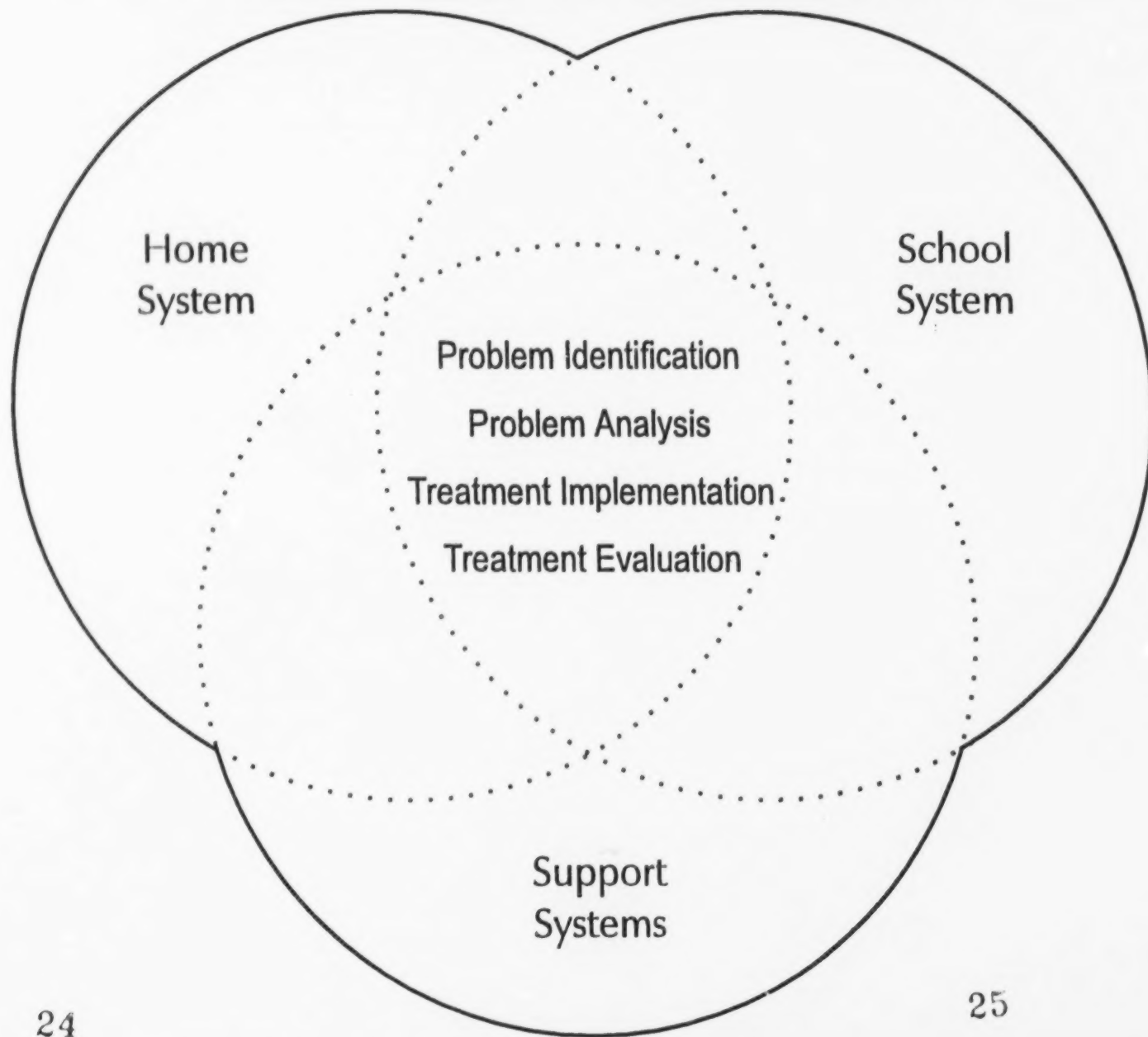
Figure 4. Average effect sizes across settings and behavior types.

Figure 5. BIRS and BIRS-R factor scores across parent and teacher respondents.

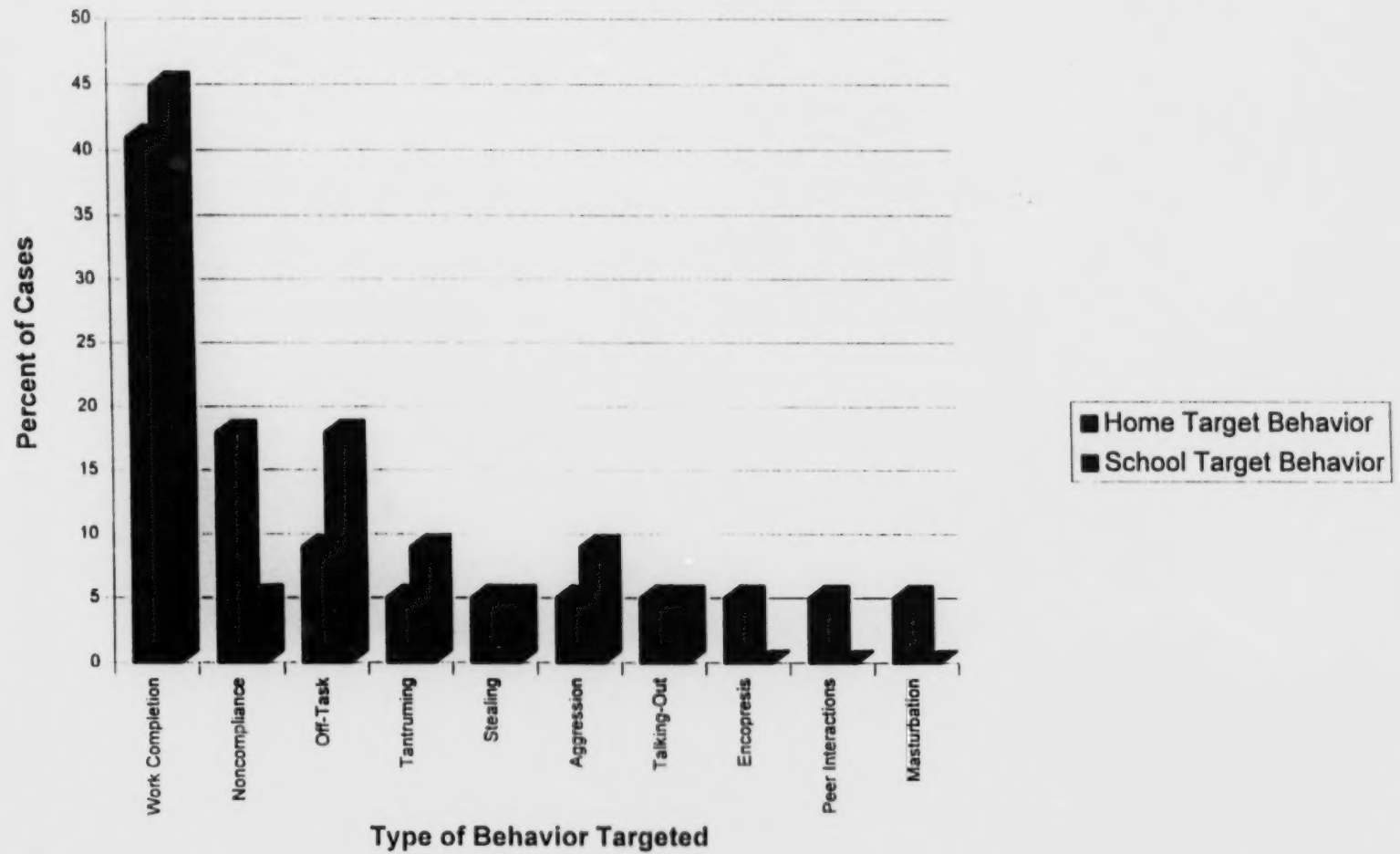
Figure 6. Summary of parent Goal Attainment Scaling ratings.

Figure 7. Summary of teacher Goal Attainment Scaling ratings.

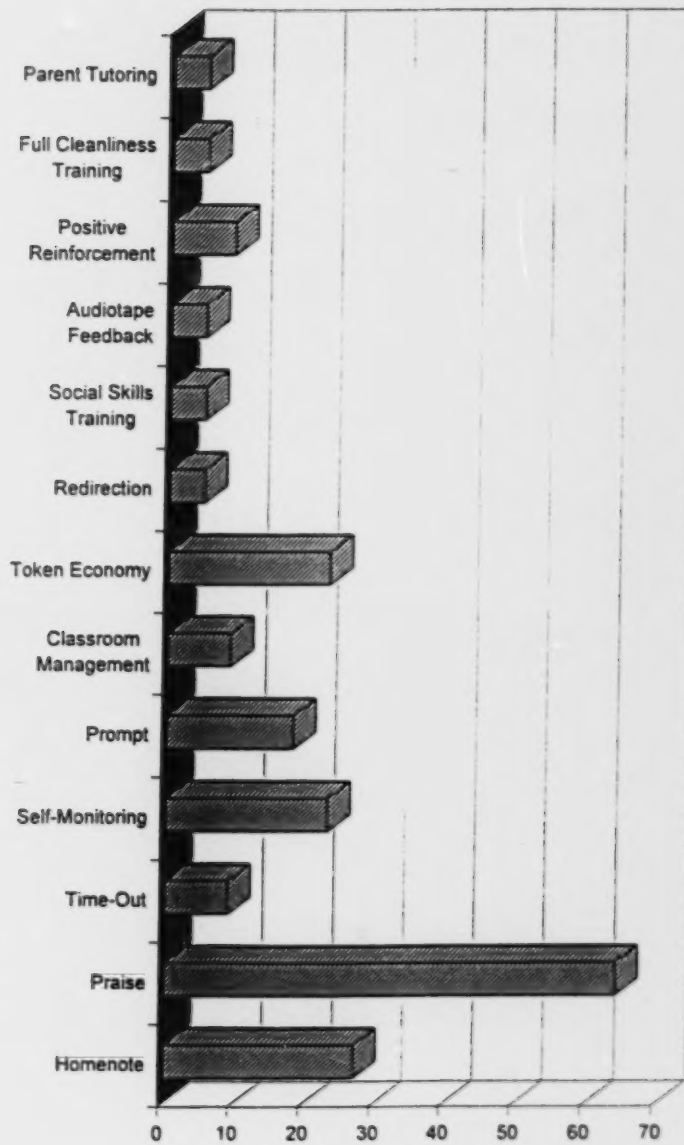
Conjoint Behavioral Consultation



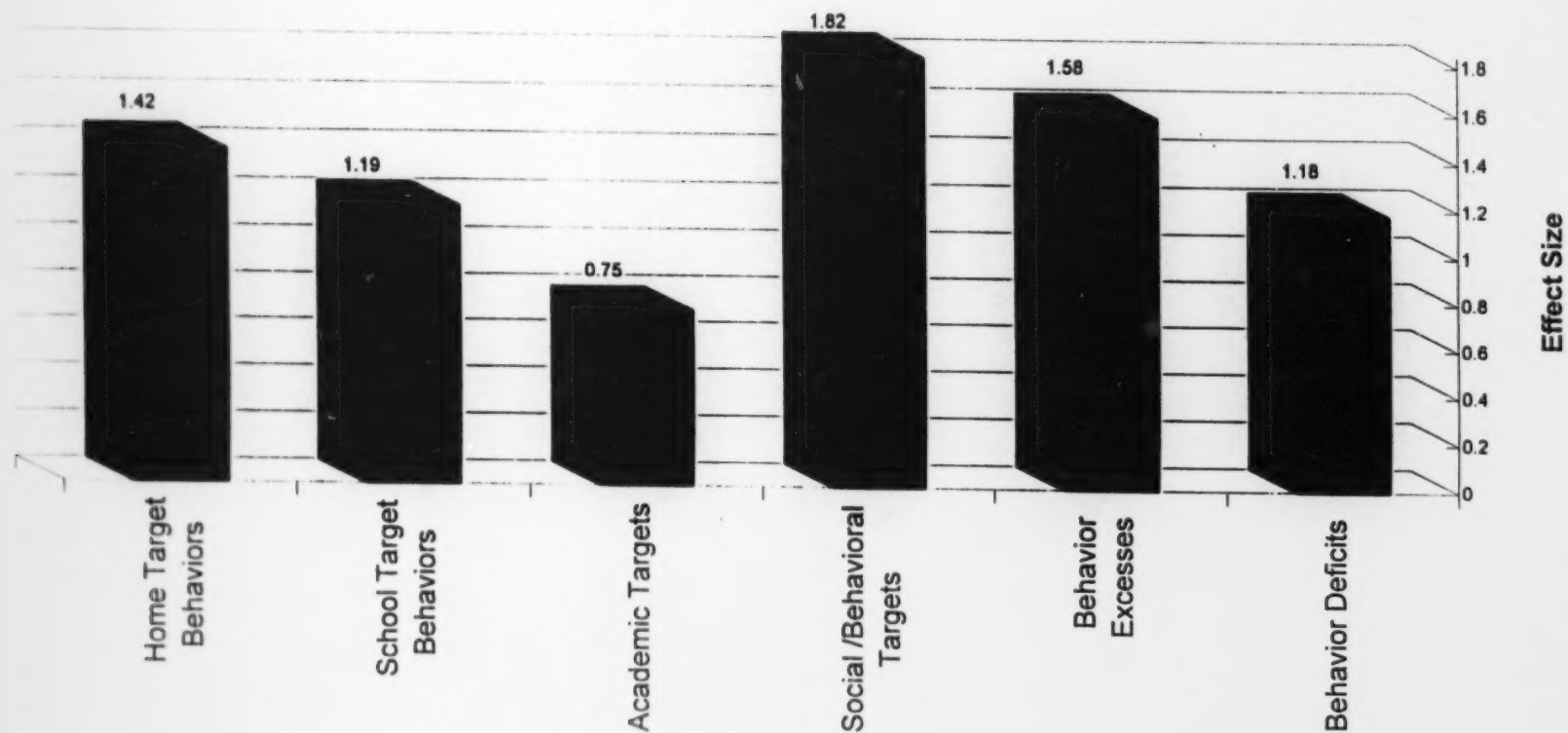
Home and School Target Behaviors



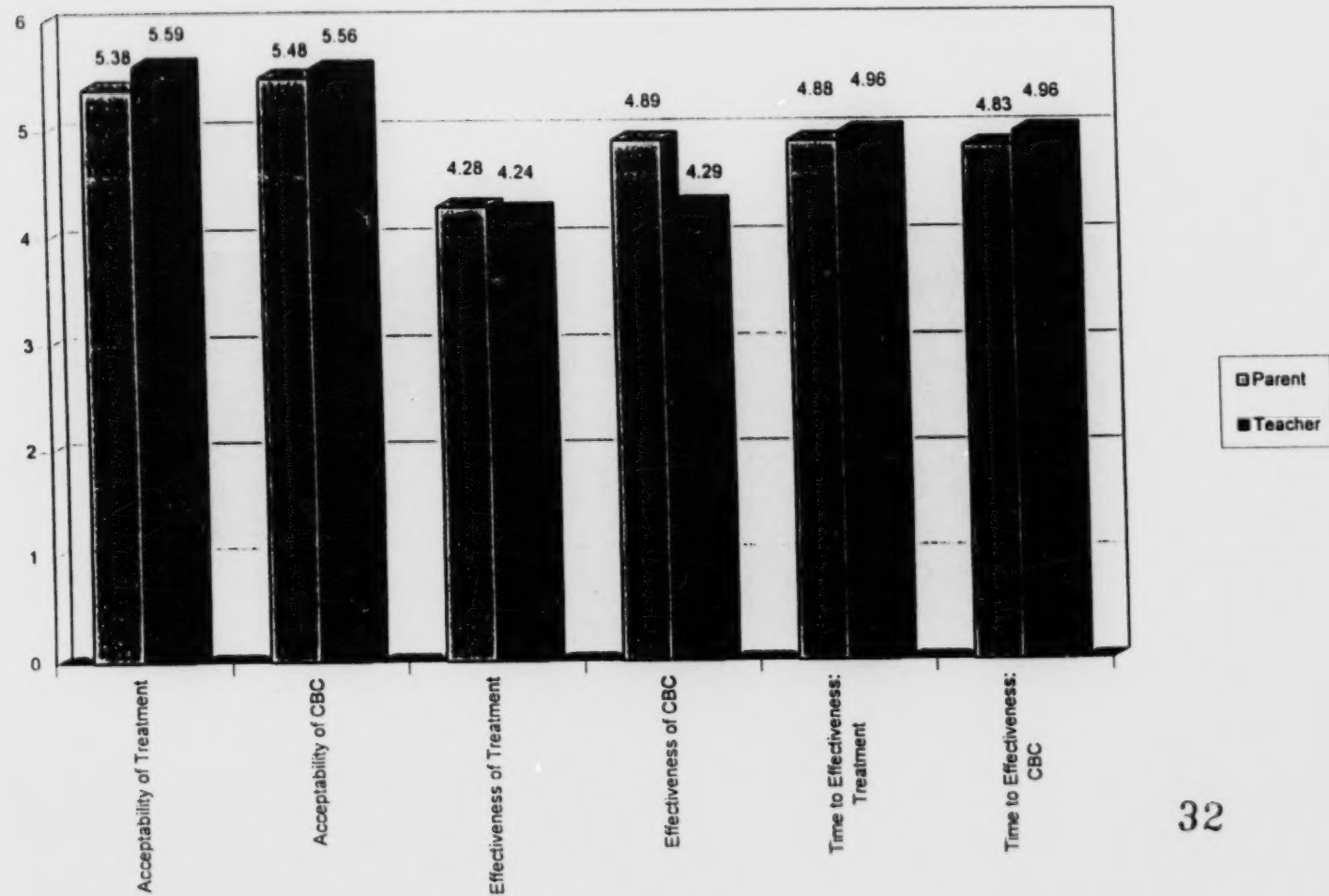
Percent of Cases Using Interventions



CBC Average Effect Sizes



BIRS and BIRS-R Factor Score Ratings



Parent Goal Attainment Scale Ratings



Teacher Goal Attainment Scale Ratings

